

CARNEGIE MELLON UNIVERSITY/C-MITES STUDENT INFORMATION & RELEASE FORM

Name of Student: _____

Name of Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (other than parent or guardian): _____ Phone: _____

Does this child have any chronic or acute medical problems? YES NO If yes, please explain:

List any allergies (food, medicines):

List any medication taken at present:

Names of people authorized to pick child up: _____

Name of ALL workshops attending (refer to your confirmation notification), DATE of workshop, TIME of workshop:

1. _____ 2. _____

3. _____ 4. _____

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in the C-MITES Program ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child's participation in the Program. In consideration of the benefits of my child's participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Carnegie Mellon University and/or its trustees, officers, employees, agents, assigns, or contractors arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child during my child's participation in the Program.

I give my permission to Carnegie Mellon University, its employees, agents, assigns, or contractors to secure medical treatment for my child in the event that such treatment is needed during my child's participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses or waivers and releases shall be deemed severable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Signature of Parent or Guardian

Date

IMAGE/NAME PERMISSION & RELEASE

Occasionally, C-MITES staff members wish to photograph, videotape, or otherwise record the activities of C-MITES students for the purpose of recording and promoting the C-MITES Program. We also sometimes provide local newspapers with information about C-MITES students, such as the student's name, grade, school district, and the name(s) of the C-MITES course(s) the child is attending. Please indicate if you give us permission to use your child's image and name for such purposes by signing below:

Mail to:
C-MITES
Carnegie Mellon University
5136 Margaret Morrison St. MMP30
Pittsburgh, PA 15213
Fax: (412) 268-1049

I give permission for my child, as a participant in the C-MITES Program to be videotaped, photographed or otherwise have his or her image and voice recorded, in connection with the Program. I give permission for Carnegie Mellon/C-MITES to use said videotaped, photographed, and/or recorded materials in C-MITES or university publications, or other publications, websites, CD's, DVD's, or other media, for publicity purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

I further grant permission for Carnegie Mellon/C-MITES to provide local newspaper with information about my child.

Signature of Parent or Guardian

Date